

2007-005
2070010

RETIREMENT SYSTEM FINANCIAL ENCLOSURE REPORT

This report is to be filed with the Board of Retirement System of Connecticut or with other appropriate enforcement authority with a state or federal court. This report is to be filed with the Board of Retirement System of Connecticut or with other appropriate enforcement authority if the person has made expenditures from a trust fund or other funds for retirement benefits on or after August 1, 2006, and before December 31, 2006, during the period from January 1, 2006 through December 31, 2006.

REPORT COVERING:

- G JANUARY 1 through JUNE 30, _____ - DUE BY AUGUST 15
 G JANUARY 1 through DECEMBER 31, 2006 - DUE BY FEBRUARY 15

FOR OFFICE USE
ONLY
Postmark Date: 1-22-07

1 Name: OSTLUND ROBIN M
 Last First MI

2 Business Address: 300 Atlantic Street, Stamford, CT 06901
 Street and No. City State Zip

Mailing Address: 12th Floor

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CITY OF STAMFORD
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2011 JAH 22 PM 1:30

3 Business Phone: 203-905-5376
 Area Code and Telephone Number

4 Employer: K2 Advisors, LLC

5 Employer's address: Same as above
 Street and No. City State Zip

6 Did you make an expenditure exceeding \$50 on one occasion for a retirement system official:

From January 1 through June 30? Yes No NA
 From July 1 through December 31? Yes No NA

If the answer to either question in Number 6 above is YES, complete Schedule A and attach

7 Did you make expenditures exceeding the sum of \$250 for a retirement system official:

From January 1 through June 30? Yes No NA
 From July 1 through December 31? Yes No NA

If the answer to either question in Number 7 above is YES, complete Schedule A and attach

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8. PROVIDED BELOW (a) the name of the state or statewide public retirement system; (b) the aggregate total of all expenditures attributable to the retirement system made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the retirement system made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the retirement system.

- 1) a. Name of Retirement System: Louisiana State Retirement System (LASERS)
- b. Total of all expenditures made January 1 through June 30: \$ 700.00
- c. Total of all expenditures made July 1 through December 31: \$ 0
- d. Total of all expenditures made during the calendar year: \$ 700.00
- 2) a. Name of Retirement System: N/A
- b. Total of all expenditures made January 1 through June 30: \$ _____
- c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ _____
- 3) a. Name of Retirement System: N/A
- b. Total of all expenditures made January 1 through June 30: \$ _____
- c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 42:1114.2 has been deliberately omitted.



John Marshall
Signature of Filer

1. OFFICIAL'S NAME	2. NAME OF REIMBURSED SYSTEM	3. AMOUNT OF EXPENDITURES MADE ON AN OFFICIAL PORTRAIT YOU HAD MADE GIVEN TO OR ON ONE OCCASION OR MADE EXPENDITURES EXCEEDING \$500 BETWEEN JANUARY 1 AND JUNE 30	4. AMOUNT OF EXPENDITURES MADE ON AN OFFICIAL PORTRAIT YOU HAD MADE GIVEN TO OR ON ONE OCCASION OR MADE EXPENDITURES EXCEEDING \$500 BETWEEN JULY 1 AND DECEMBER 31	5. TOTAL OF GOLF CARTS # AND #
Kathy Singleton	LASERS *	\$50		\$50.
Bobby Peale	LASERS *	\$50		\$50.
12 other LASERS Trustee + Spouse	LASERS *	\$50/each		\$600.

* Pro rata share of
Trustee dinner on 2/22/06
-co-sponsored with Bradywhite Asset